

Antimicrobial Use and Resistance (AUR)

Pharmacy Data - Monthly Report Form

* required for saving

Facility ID:	*Location Code:	*Month:	*Year:
Parenteral Antibiotics			
Antibiotic	*Quantity Used [†]	Antibiotic	*Quantity Used [†]
amikacin	g	gentamicin	g
ampicillin	g	imipenem	g
ampicillin**/sulbactam	g	levofloxacin	g
azithromycin	g	linezolid	g
aztreonam	g	meropenem	g
cefamandole	g	metronidazole	g
cefpime	g	nafcillin	g
cefmetazole	g	ofloxacin	g
cefotaxime	g	oxacillin	g
cefotetan	g	penicillin G	mill. I.U.
cefoxitin	g	pen. G benzathine	mill. I.U.
ceftazidime	g	procaine pen. G	mill. I.U.
ceftizoxime	g	piperacillin	g
ceftriaxone	g	piperacillin**/tazobactam	g
cefuroxime	g	quinupristin**/dalfopristin	g
cephalothin	g	ticarcillin	g
ciprofloxacin	g	ticarcillin**/clavulanic acid	g
daptomycin	g	tobramycin	g
ertapenem	g	trimethoprim**/sulfamethoxazole	g
erythromycin	g	vancomycin	g
Oral Antibiotics			
Antibiotic	*Quantity Used [†]	Antibiotic	*Quantity Used [†]
amoxicillin	g	gatifloxacin	g
amoxicillin**/clavulanic acid	g	levofloxacin	g
ampicillin	g	linezolid	g
azithromycin	g	lomefloxacin	g
cefaclor	g	metronidazole	g
cefadroxil	g	moxifloxacin	g
cefixime	g	norfloxacin	g
ceprozil	g	ofloxacin	g
cephalexin	g	penicillin V	g
ciprofloxacin	g	sparfloxacin	g
clarithromycin	g	telithromycin	g
clindamycin	g	tetracycline	g
dicloxacillin	g	trimethoprim**/sulfamethoxazole	g
doxycycline	g	vancomycin	g

**For combination drugs, record grams for the drug marked with the asterisk.

†Enter zero if drug not on formulary or not used; an entry is required in every field.